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	Substitute for for	rm 144	19/PTO	Complete if Known		
	INFORMATION I	DISCI	_OSURE	Application Number	10/706,328	
	STATEMENT BY	Y APF	LICANT	Filing Date	11/12/2003	
_	Date Submitted: No	womb	or 23 2000	First Named Inventor	Alison Hannah	
_	Date Submitted. NO	venib	ei 23, 2009	Art Unit	1614	
(use as many sheets as necessary)			necessary)	Examiner Name	James D. Anderson	
Sheet	1	of	4	Attorney Docket Number	072121-0366	

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_	Date Submitted. No	venin	ei 23, 2009	Art Unit	1614	
(use as many sheets as necessary)			necessary)	Examiner Name	James D. Anderson	
Sheet	2	of	4	Attorney Docket Number	072121-0366	

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	STATEMENT BY	Y APF	PLICANT	Filing Date	11/12/2003	
_	Date Submitted: No	wamh	per 23 2000	First Named Inventor	Alison Hannah	
_	Date Submitted. No	, v c itic	Jei 23, 2003	Art Unit	1614	
(use as many sheets as necessary)		Examiner Name	James D. Anderson			
Sheet	3	of	4	Attorney Docket Number	072121-0366	

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Sheet	4	of	4	Attorney Docket Number	072121-0366	

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